

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019710

FILED VS. MAY 24 1960

Primary Registration District No. 1002 Registrar's No. 2590

2590

STATE FILE NUMBER

1. PLACE OF DEATH JACKSON a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 55 yrs	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPT.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3510 E. 30th St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OLGA Middle RQSALYN Last Wright			4. DATE OF DEATH Month May Day 8 Year 1960			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-22-1904	9. AGE (last birthday) 55 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state of country) Kans. City, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph Richardson		13b. MOTHER'S MAIDEN NAME Sarah Barnett		14. NAME OF HUSBAND OR WIFE John H. Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-12-9489	17. INFORMANT John H. Wright 3510 E. 30th St.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy DUE TO (b) Hypertensive Heart Disease 10 yrs DUE TO (c) Generalized Arteriosclerosis 10 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Shock of accident		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) attack in auto	
20c. TIME OF INJURY Hour . Month, Day, Year p.m. 5-8-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 30th & W. 30th		20f. CITY, TOWN, OR LOCATION COUNTY STATE K.C. Mo. 5-8-60	
21. I attended the deceased from 2-23-60 to 3-8-60 and last saw her Death occurred at 6:35 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.S. Wells (Degree or title) M.D.		22b. ADDRESS 2122-E-15	22c. DATE SIGNED 5-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-12-60	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) (State) Kans. City, Missouri
24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton		25. DATE RECD. BY LOCAL REG. May 10, 1960	26. REGISTRAR'S SIGNATURE New Minshall

DOCUMENT

MEDICAL CERTIFICATION  
J.S. Wells

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dr. R. W. W. W.

Licensed Embalmer No. 45-00

P. O. Address 10th & B

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.